

**INDEPENDENT OVERSIGHT
ACTION ITEMS**



COMMITTEE MEETING NOTES &

IOC Name: ___ DHS ASH IOC ___ **Meeting Date:** 10/21/2021

Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___18:05-19:00pm___

Members Present: Laurie Goldstein, Ashley Oddo, Dee Putty, Melissa Farling, Barb Honinberg
Members Absent: Leon Canty, Alyce Klein
Other Attendees: Larry Allen, Tim Briebiesco, Matthew Sullivan, Rodney Woodville, Clifford Gant

Agenda Items (Enter the related topic from the IOC's agenda)	General Description of Matters Discussed & Motions Made (Enter the related topic from the IOC's agenda)	Action Item/Assigned To/Due Date (Indicate the specific follow-up task/s or actions that need to be completed; include the name of the member assigned to the item, next steps to be taken, and the anticipated due date)
Welcome - disclosure of conflict of interest	None	
Review and approve meeting minutes	Approved	Motion, Dee Second, Natalie Roll Call, unanimous
ADOA update	Larry approached ASH admin again about attending IOC meetings, concerns of patients making allegations at meetings, do not want to create an non therapeutic environment for the patients IOC will pursue ASH attendance when there is a new director	Committee would like to know the timeline and information about the new director. Motion, Natalie Second, Dee Roll Call, unanimous

	<p>Guidelines for committee approved and posted</p> <p>IOC asked about committees meeting in person, maybe quarterly at least</p>	
Fatal Incident Information	<p>Patient injured self with scissors, injury was fatal, patient had reportedly achieved levels, lost levels, became upset, this is reported to have led to the incident</p> <p>It was reported that the scissors came from the art room and the patient took them to the restroom to self-harm</p> <p>IOC hoping for grief counseling and support for the current patients</p>	
Education Session	<p>Melissa Farling presented on Architecture Guidelines standards and architecture.</p> <p>Some notes here, full information and presentation can be found on the IOC website.</p> <p>Isolation/Seclusion/Solitary Confinement (many terms for it) defined, standards and best practices described, there is current movement to ban the use, recently use for juveniles was banned, review images from different types of spaces, NCCHC has established standards for architects when designing correctional facility, practice is not proven to create positive change (access for daylight, access to darkness for sleep, similar square footage, spaces for physical movement), AIA states you cannot design spaces for torture or confinement, ICRC recommends avoiding isolation at all costs especially when prolonged, Mandela Rules mentioned</p> <p>Focus on dignified and humane spaces that are research informed, cognitive functioning considered</p> <p>Discussion of research on impacts of seclusion: detrimental to mental and physical health, disruption of circadian rhythm, depression, anxiety, self-harm- overall increase of stressors and ill effects.</p> <p>The term "Administrative Separation" is not</p>	<p>IOC would like to know what code that ASH is following in regards to their administrative separation?</p> <p>Motion, Melissa Second, Natalie Roll Call, unanimous</p>

		<p>widely used and this causes little information and guidelines for this practice.</p> <p>Great presentation, supports the IOCs concerns. Larry can share file out to IOC members for further reading and review.</p> <p>Discussion about what codes/guidelines is ASH following when they report that they are meeting the requirements</p>	
Review Items	Action	<p>Concerns continue with administrative separation</p> <p>COVID seems to be impacting progression on the levels</p> <p>IOC has questions- who is making the choices about canceling outings? Where does the decision to cancel outings come from? What reasoning does the IOC have for canceling outings and events. ASH should be following data.</p>	<p>Under who's direction and what rules/regulations/guidelines is ASH following in regards to program modification with COVID? Who made the decision to cancel outings and programming? What information was the decision based on?</p> <p>Motion, Dee Second, Laurie Roll Call, unanimous</p>
Public Forum		<p>CIVIL: Well attended meeting with new faces, discussion about: passes, food and drink in machines, want cheese and fruit, more coffee privileges, sensory overload in the day room, constant noise, loud people, staff discusses patients in earshot of others.</p> <p>Length of grievance process can be long and difficult- makes it ineffective, phonecall times conflict with meal and med time, cancellation of evening programming, not much to do between 11-1 (leads to issues), temp on units is too cold, patients aren't allowed to wear masks despite inability to social distance in some settings.</p> <p>Birthday cupcakes once a month is appreciated.</p> <p>Reports of staff being disrespectful, one patient needed help writing a grievance (patient is</p>	<p>IOC wants information on why patients can't wear masks- what are the requirements and what's the reason behind that?</p> <p>Motion, Ashley Second, Dee Roll Call, Unanimous</p>

	<p>unable to complete it and reported that staff won't help). One patient would like a weighted blanket to help with sensory processing. Patients want more visits. Discussion about mask regulation and requirements.</p> <p>FORENSIC: Patients want food visits; want to know why they can't have food visits. Can security monitor masks? Can there be food visits and only patients eat? Why can't ASH explore options?</p> <p>Discussion about catalog limitations, patients would like Amazon and other options.</p> <p>Patients want barber back, miss braids, dying hair- can ASH explore other options? Nurse doesn't seem open to other options.</p> <p>Concerns about food safety: spoiled milk, undercooked "pink" chicken, food storage issues, food shortage.</p>	
<p>Overview of incident and accident reports</p>	<p>ASH-2021-3634: patient got into nurse station and drank hand sanitizer, poison control called, patient flushed, nurses reminded of procedures</p> <p>ASH-2021-3647: when getting ready for transition 4 patients wanted to go through door at the same time, patients began to shove, staff came and reviewed expectations- good that staff de-escalated and patients could continue with programming</p> <p>ASH-2021- 3665: meal items were touching each other and patient got upset, threw food, wanted new food but there wasn't any left, was offered a pb&j, staff tried to de-escalate patient- good approach</p> <p>ASH-2021-3705: person swallowing crayons, wanted to go to ER, person sent to ValleyWise, was given a jumpsuit to avoid self-harm behavior</p> <p>ASH-2021-2307: patient left day room, began to kick exit door and was able to kick door open, staff was able to close door and support, code</p>	<p>Motion, Second, Roll Call, unanimous</p>

	<p>grey was called, incident happened after patient tried to go over fence</p> <p>ASH-2021-3729: patient tore down wall in day room, threw piece of wall with nails at staff-concerns again about facility</p> <p>ASH-2021-3749 : quarters swallowed by patient who had a 1:1, staff trained and review written, concerns about the incident when a 1:1 was assigned</p> <p>ASH-2021-3752: patient peeling stickers and book, self-harm behaviors repeat with this patient</p> <p>ASH-2021-3759: patient under blanket, use tile to cut head, was bleeding, medical alert called, patient taken to hospital, another concern about facility, patient may need suicide blanket or get a pat down after transitions.</p> <p>ASH-2021-3734: patient attacked another patient after they felt disrespected, psychiatrist became involved due to ongoing issue</p> <p>Pattern continues that most incidents involve small percentage of patients.</p>	
Patient Visits	<p>Discussion regarding choices of MP3 players, headphones, and earbuds. Currently only 2 types are available.</p> <p>Discussion about progress of outings, continues concern about patients not being able to move/progress in the levels. Why can't there be more options or alternative tasks available? IOC has ongoing concern regarding the progress. Concerns about patients feeling hopeless and discouraged (as evidenced by recent suicide).</p> <p>4 visits this month wanted calls: 0/4 had info about when the call would be or that ASH was calling, not communicated to patients</p> <p>One complaint that staff made her feel worthless, staff refused to give patient a pen or pencil to file grievance, wants go go to the</p>	<p>IOC would like to ask what other options can ASH offer for patient progression. IOC will approach the governor's office and the Department of Health for options for a resolution.</p> <p>Motion, Dee Second, Ashley Roll Call, unanimous</p>

	<p>hospital, IOC asked Jackie to investigate</p> <p>Patient continues moving from unit to unit, feels they can't make progress due to the constant moves, reported health concerns, inability to get surgery, needs follow up on medical issues, family paying for medical expenses that the hospital refuses</p> <p>Members report frustration about being connected to patient on calls, they often don't know that a call is coming, staff don't know how to connect patients to members efficiently, constant hold-up takes away from patient time</p> <p>Last minute call before meeting: patient call to discuss suicide, patient reported that after losing privileges patient felt hopeless and depressed, fell behind in levels/programming, ASH is not responding to incident other than taking away items from patients (pens, pencils, nail clippers), patients need to use crayon, unsure if this is long term or short term, patient heard that shoelaces and cords will be taken away next.</p> <p>Patient wanted to display a stamp collection and was denied (by staff who is continually rude, mean, disrespectful).</p> <p>Other patients were given no explanation of why things were being taken away or for how long. Very sad for all patients. Patients continue to lose hope.</p>	<p>Ask: what is the policy on dealing with traumatic incidents (grief counseling, processing support, coping support)? What is the policy on changing the programming (taking away items) when incidents happen?</p> <p>Motion, Dee Second, Melissa Roll Call, unanimous</p>
Other Business	<p>Discussion regarding the use/sale/alternate use of the CRU. Reports of sale or change of use. Reports of not all the beds or spaces utilized.</p>	<p>IOC would like to know plans and use for the CRU.</p> <p>Motion, Dee</p>

		Second, Melissa Roll Call, unanimous
Member recruitment	One new member showing interest, patients should go to Jackie if they want to apply for IOC	
Public Comment (3-minute limit per person)/Call to the Public	<p>Rodney Woodville- does not believe that ADOA can set rules about complaints voiced during public comment, feels that shavers being taken are a violation of right, clarified that ASH is not a correctional institution, feels set up for failure with regard to levels- don't just drop one level but all the way to the bottom each time, patient who passed away was on peer support with Rodney but Rodney was moved from unit for no apparent reason</p> <p>Matthew Sullivan- has been trying to reach the IOC through Jackie with no response, wants animal assisted therapy added to his treatment plan, was finally received court order for therapy but ASH is saying they can't find a provider</p> <p>Timothy Bribiesco- wants a call from IOC, would like to plan calls better so he can be prepared, said he appreciated the IOC</p> <p>Clifford Gant- feels that one person's actions are affecting the majority, stated that we can expect patients to occasionally make poor choices and cannot continue to take away others' rights, this could lead to more issues on the campuses, references hair dye</p> <p>Kay Kunes- wants the professionals (doctors) held accountable for incidents instead of patients- patients should not lose privileges when doctors fail to recognize problems</p>	
Adjournment		Motion, Dee Second, Barb Roll Call, unanimous
Executive Session	No notes on executive session	